


PTO/SB/21 09-04)


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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/784,390
	Filing Date	February 23, 2004
	First Named Inventor	Billy Ke
	Art Unit	3632
	Examiner Name	King, Anita M.
Total Number of Pages in This Submission	Attorney Docket Number	DEE-PT153

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Communication Re: Fees</b>
<b>OFFICIAL FACSIMILE</b> 4 PAGES SENT VIA FACSIMILE TO 703-872-9306. PLEASE IMMEDIATELY DELIVER TO EXAMINER ANITA M. KING, GROUP ART UNIT 3632.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	VOLPE AND KOENIG, P.C.	
Signature		
Printed name	Dimitri P. Dovas	
Date	May 4 2005	Reg. No. 51,627

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being sent Via Facsimile (703-872-9306) addressed to: Examiner Anita M. King, Group Art Unit 3632, on the date shown below:		
Signature		
Typed or printed name	Dimitri P. Dovas	Date May 4 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments or the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MAY 04 2005

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In the **PATENT APPLICATION** of:

Billy Ke

**Application No.:** 10/784,390

**Confirmation No.:** 8429

**Filed:** February 23, 2004

**For:** EXTENDING BASE FOR PORTABLE  
COMPUTER

**Group:** 3632

**Examiner:** King, Anita M.

**Our File:** DEE-PT153

**Date:** May 4, 2005

**COMMUNICATION RE: FEES**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Enclosed is a Fee Transmittal and Form PTO-2038 in payment of the additional claims fee for a Reply which was filed on May 3, 2005.

Respectfully submitted,

Billy Ke

By 

Dimitri P. Dovas

Registration No. 51,627

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DPD/vs  
Enclosure

PTO/SB/17 (12-04)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 600.00**Complete If Known**

Application Number	10/784,390
Filing Date	February 23, 2004
First Named Inventor	Billy Ke
Examiner Name	King, Anita M.
Art Unit	3632
Attorney Docket No.	DEE-PT153

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: **22-0493** Deposit Account Name: **Volpe and Koenig, P.C.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims** 20 - 16 = 0 **Extra Claims** x **Fee (\$)** = **Fee Paid (\$)** 0.00

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims** 8 - 3 = 3 **Extra Claims** x **Fee (\$)** = **Fee Paid (\$)** 600.00

HP = highest number of independent claims paid for, if greater than 3

**Multiple Dependent Claims** **Fee (\$)** = **Fee Paid (\$)** 0.00

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


**Total Sheets** - 100 = **Extra Sheets** / 50 = **Number of each additional 50 or fraction thereof** x **Fee (\$)** = **Fee Paid (\$)** 0.00

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

**SUBMITTED BY**

Signature		Registration No. 51,627 (Attorney/Agent)	Telephone 215-568-6400
Name (Print/Type)	DIMITRI P. DOVAS		Date May 4 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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